



# Report of an inspection of a Designated Centre for Disabilities (Mixed)

## Issued by the Chief Inspector

Name of designated centre:	Mulcahy House (Respite)
Name of provider:	St Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	14 October 2019
Centre ID:	OSV-0001854
Fieldwork ID:	MON-0022678

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The statement of purpose for the centre outlines that it will provide respite care for up to seven residents, adults and children, male and female, with moderate to severe intellectual disability and high physical support needs. The seventh bed is allocated for emergency respite only. The service is open seven days per week, with the children being supported one week per month. Referrals to the centre are managed via the Health Service Executive referral committee, and admissions are scheduled to offer high and low support weeks for residents. Staffing and support arrangements are based on the residents' needs with full-time nursing care provided, and a minimum of three staff on duty during the day and two waking staff at night. The residents are enabled to continue to attend schools or day-services during midweek respite breaks so there is continuity of care and development for them. The premises is a single story house which is spacious, brightly decorated, homely and suitable to meet all of the residents' needs. Each resident had their own single bedroom and there were suitably adapted bathrooms and spacious communal areas which were very comfortable. All areas are easily accessible and there is a safe play garden area to the back of the house.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
14 October 2019	09:00hrs to 18:00hrs	Noelene Dowling	Lead

## What residents told us and what inspectors observed

The inspector met with two of the residents who communicated in their own preferred manner and allowed the inspector to observe some of their routine on their admission in the evening. The residents were observed to be familiar with the staff and the house and happy to get settled in. The staff were very well prepared and familiar with the residents, knew their individual likes and routines and they understood and responded to residents non-verbal communication.

It was apparent that the residents' primary care needs were being very well supported. They were consulted about what they would like to do for the evening, and made plans with staff support for the following day.

A number of questionnaires were received from relatives which were found to be positive about the respite breaks and in particular the communication with the person in charge and the staff. They also referenced being satisfied with the response given if they raised any concerns regarding the care of their relatives.

## Capacity and capability

This inspection was undertaken following the providers application to renew the registration of the centre. The centre was last inspected January 2018 and a number of non-compliances were found at that time. The provider gave assurances that they would be addressed via the compliance plan response. The provider had made progress on all of the matters raised.

In particular, the inspector found improvements in the management systems and oversight of practices. The person in charge had been allocated additional protected time to manage what was a busy and fluid service. There was a more effective reporting system, via the quality and compliance manager. There was evidence of good planning for the admission of the residents and more effective reviews of practices. There were improved systems for quality assurance, including regular audits and unannounced quality and safety reviews of the centre were undertaken. These were detailed reviews and covered areas such as personal plans, activities for the residents, and observation of practices. Audits were also undertaken on pertinent issues such as falls, medicine errors and incidents. Such incidents were not a significant feature of this service and in most instances remedial actions were taken to prevent re-occurrences. The annual review of the quality and safety of care was also compiled for 2018. However, while this was factual document it was not a comprehensive analysis of the service. This would better support development and

changes to practice where needed. A number of parents and relatives had also been contacted for their views on the service and these were found to be very positive. There were suitable management arrangements in place for any absences of the person in charge.

The inspector found that the skill-mix and numbers of staff identified was suitable to meet the needs of the residents with nursing care provided at all times. Rostering arrangements were found to be flexible based on the needs of the residents. A number of the residents, including children, were assessed as requiring one-to-one staffing and this was provided. While the centre can accommodate seven residents, the inspector saw evidence that the person in charge limits the numbers admitted at any time based on the resident's individual needs. This ensured they had the supports needed for their individual care and activities. The inspector observed this working very well during the inspection. From observation and conversation with the staff and the person in charge it was apparent that they were very familiar with the residents, very attentive, knowledgeable and focused on their individual care needs.

A review of a sample of personnel files indicated that recruitment practices were safe with all of the required documents procured and checks completed. The provider was in the process of updating An Garda Síochána vetting for all staff.

From review of the staff training records the inspector found that there was a commitment to mandatory and other training to meet the needs of the residents. In addition to the mandatory training requirements, which were up-to-date, the staff had been given additional clinical training which was necessary for the residents. This included training in specialised nutritional systems, oxygen therapy and diabetes. All staff had the required Children's First training. There was good quality staff supervision systems implemented by the person in charge and there were effective team meetings held which ensured good communication and consistency for the residents.

While no complaints were recorded at this time there was a suitable system for managing such issues.

The statement of purpose required some adjustments to fully comply with the regulations but this was rectified and the service was operated in accordance with this statement which supported the residents' wellbeing and welfare.

The documents required for the renewal of the registration of the centre including evidence of insurance were forwarded. There were sufficient resources available to provide the service including suitable premises, equipment, transport and staffing. The person in charge was forwarding the required notifications to the office of the Chief Inspector.

However, while consent forms for various procedures were signed by parents or guardians, there was no contract which detailed the services to be provided for the fees charged to the residents. There were some minor improvements required in risk management processes but overall the inspector was satisfied that the service was suitable to meet the needs of the residents and provide a safe and enjoyable

respite experience.

#### Registration Regulation 5: Application for registration or renewal of registration

The documents required for the renewal of the registration of the centre including evidence of insurance were forwarded.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced and had been allocated additional protected time to manage the service.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector found that the skill-mix and numbers of staff identified was suitable to meet the needs of the residents with nursing care provided at all times. A review of a sample of personnel files indicated that recruitment practices were safe with all of the required documents procured and checks completed

Judgment: Compliant

#### Regulation 16: Training and staff development

There was a commitment to mandatory and other training to meet the needs of the residents. In addition to the mandatory training requirements, which were up-to-date, the staff had been given additional clinical training which was necessary for the residents. There was an effective staff supervision system implemented.

Judgment: Compliant
<b>Regulation 22: Insurance</b>
Evidence of up-to-date insurance was provided.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The inspector found improvements in the management systems and oversight of practices more effective reporting system, via the quality and compliance manager. There were improved systems for quality assurance including regular audits and unannounced quality and safety reviews of the centre were undertaken. The annual review of the quality and safety of care was compiled but this required a review to ensure it was a comprehensive analysis of the service. This would better support development and changes to practice where needed.
Judgment: Substantially compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
While admissions to the service were managed appropriately there was no contract which detailed the services to be provided for the fees charged to the residents.
Judgment: Not compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose required some adjustments to fully comply with the regulations and this was rectified by the provider. The service was operated in accordance with this statement which supported the residents wellbeing and welfare.



Judgment: Compliant

### Regulation 31: Notification of incidents

From a review of the accident and incident records the inspector was satisfied that the person in charge was forwarding the required notifications to the office of the Chief Inspector.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There were suitable management arrangements in place for any absences of the person in charge

Judgment: Compliant

### Regulation 34: Complaints procedure

While no complaints were recorded at this time there was a suitable system for managing such issues.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by the regulations for the operation of the centre were in place.

Judgment: Compliant

### Quality and safety

The person in charge and the staff demonstrated a commitment to making the

respite stay a safe and enjoyable experience for the residents. The duration of the stay was pre-planned and agreed with the families and the Health Service Executive, based on the individual circumstances and need. This ranged from two to seven nights. Both adults and children were supported to continue their education, day service or training during the time and this was facilitated by the provider with staff and transport. It was apparent to the inspector that the residents settled in very quickly and were familiar with the staff and the premises. They had their own preferred rooms. Staff were found to be very familiar with the residents' preferences and need for support and the admissions were seen to be well planned.

Staff planned the activities with the residents on admission and the inspector observed this happening. The evenings and weekends were for activities, fun and outings of their choice and also rest time, as observed, given that in some cases they did have distances to travel. They planned a variety of activities with the individual residents, such as going to restaurants or shops, playgrounds, walks or cinema trips or swimming. One of the residents clearly communicated that the cinema was not her choice and this was immediately agreed with staff. There were televisions in all of the bedrooms and DVD players and stereos, toys, games and a safe playground area for the children.

In accordance with the scope and responsibility of this service the resident's parents/ guardians maintained primary responsibility for their care and managed all appointments and referrals. All allied assessments were managed either via the guardian or the school. The staff implemented detailed support plans for all of the assessed needs and the staff were very familiar with their needs.

Following the previous inspection the person in charge had initiated an improved system for ascertaining up to date pre-admission information on current and changing healthcare or psychosocial care needs which helped to ensure a safe experience for the residents. The schools, liaison nurses, and guardians provided updated information to the person in charge prior to admission. There was also an agreed system in place whereby the person in charge informed the liaison nurses of any concerns noted during the admission which could then be further addressed. These systems helped to ensure that the residents' needs were known and being supported. Annual reviews were the responsibility of the school or day services.

The residents' healthcare was very well monitored and detailed support plans were implemented, these included skin integrity, wound monitoring, nutrition, seizure activity. There was access to emergency out-of-hours services as necessary and the nursing staff were very familiar with the residents.

There were detailed communication plans in place for each resident and staff also used a range of pictorial images, to support the residents' day-to-day routines and transitions.

Systems for safeguarding the residents had improved and the inspector found that information was shared appropriately to ensure the residents' vulnerabilities in this area were addressed. Where incidents occurred in the centre there was an appropriate and immediate response and safeguarding plans were implemented. In

some instances, decisions were taken to ensure admissions did not coincide and therefore avoid unnecessary risk.

Systems were in place to ensure admissions were based on compatibility of the residents, including age ranges for the children, limits to the numbers of residents admitted together and additional staff where this was necessary. There was a child protection statement available and named mandated and designed persons responsible with the appropriate training to manage any concerns which arose. The residents had detailed intimate care plans which demonstrated that their gender or specific cultural preferences were respected and staff outlined this to the inspector.

There were good systems for the support of behaviours that challenged and suitable support plans implemented. These resulted in a positive and safe experience for the resident's safety and wellbeing.

Personal and preferred possessions and monies were itemised, spending was documented, and receipt and monies were returned to the resident or guardian on leaving.

The use of restrictive practices was limited, and those in use were prescribed by clinicians such as bedrails and specialised sleep system and for the resident safety. There was a system for ensuring the safety of the bedrails to avoid injury to the residents. These systems were reviewed.

Medicines management systems were appropriate and safe based on the nature of the service. Medicines and prescriptions were provided by the parent or guardian and staff recorded, and reconciled, both intake and return along with the administration of medicines.

Residents were protected by the centres systems for the management of risk, with some changes required. There was a risk register which required some review to be centre-specific and pertinent to these particular residents. However, each individual resident had a detailed risk assessment and management plan implemented for all of their identified risks including falls, accidental injury or inadvertent absconding.

However, while there were systems in place for learning and review of any accidents or incidents they did require further consideration. For example, a resident locked the internal corridor door and the lock was immediately removed to prevent any re-occurrence. The action from the previous inspection related to an incident where a child inadvertently left the centre via the front door. The staff supervision was increased and the resident used the back door to enter and exit the centre. However, no review of the front door was undertaken. As observed by the inspector, a resident who was vulnerable to risk should this door be open could still easily leave while staff were attending to other resident's needs. It is acknowledged that this decision was taken to avoid unnecessary restrictions but this did not demonstrate clarity of purpose in regard to the resident's safety, taking the nature of the service into account.

Good fire safety management systems were in place and there was evidence of the servicing of the fire alarm, emergency lighting and extinguishers on an annual and

quarterly basis and satisfactory fire containment systems in place. Each resident had a detailed personal evacuation plan and fire drills were held to ensure staff could evacuate the resident safely. There was also additional equipment provided to facilitate this. There was a signed and current health and safety statement available. A number of detailed safety audits of the environment were available. The emergency plan contained all of the required information including arrangements for the interim accommodation of the residents should this be required. Emergency phone numbers were readily available to staff and staff confirmed that these were responsive and effective. The policy on infection control was detailed and practice was in accordance with this, and all of the necessary equipment including hoists and beds had been serviced as needed.

### Regulation 10: Communication

There were good communication support plans devised and the inspector observed that the staff clearly understood and responded to the residents non-verbal communication.

Judgment: Compliant

### Regulation 12: Personal possessions

Personal and preferred possessions and monies were itemised, spending was documented, and these were returned to the resident or guardian on leaving.

Judgment: Compliant

### Regulation 17: Premises

The premises is suitable in lay-out and design to meet the different needs of the residents and kept in a good state of repair.

Judgment: Compliant

### Regulation 18: Food and nutrition

Th residents' dietary needs were identified and these were detailed in support plans. The inspector observed and staff confirmed, that these were understood and monitored.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by the centres systems for the management of risk with some improvements required. Each individual resident had a detailed risk assessment and management plan implemented for all of their identified risks including falls, accidental injury.

However, while there were systems in place for assessing risks they did require further review so that actions taken to address known risks were sufficient. However, this was not a consistent finding.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The policy on infection control was detailed and practice was in accordance with this and pertinent to the residents' care needs.

Judgment: Compliant

### Regulation 28: Fire precautions

Good fire safety management systems were in place and there was evidence of the servicing of the fire alarm, emergency lighting and extinguishers on an annual and quarterly basis and satisfactory fire containment systems in place. Regular drills took place and personal evacuation plans were also implemented.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines management systems were appropriate and safe based on the type of

service. Medicines and prescriptions were provided by the parent or guardian and staff recorded both intake and return along with the administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

In accordance with the scope and responsibility of this service there were effective systems in place for ascertaining up to date pre-admission information on current and changing healthcare or psychosocial care needs which helped to ensure a safe experience for the residents. Staff devised and implemented appropriate care and support plans based on this information and the care provided was suitable to the residents needs. The emphasis was also on providing an enjoyable and relaxing experience for the residents.

Judgment: Compliant

### Regulation 6: Health care

The residents' healthcare was very well monitored and detailed support plans were implemented, these included skin integrity, wound monitoring, nutrition, seizure activity, There was access to emergent out-of-hours services as necessary and the nursing staff were very familiar with the residents' health.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were good systems for the support of behaviours that challenged and suitable support plans implemented. These resulted in a positive and safe experience for the residents. Restrictive practices were limited, based on clinical assessment of need and reviewed.

Judgment: Compliant

### Regulation 8: Protection

Systems for safeguarding the residents had improved and the inspector found that

information was shared appropriately to ensure the residents' vulnerabilities in this area were addressed with safeguarding plans implemented. Admissions were based on compatibility of the residents, including age ranges for the children, limits to the numbers of residents admitted together, and additional staff where this was necessary. There was a child protection statement available and named mandated and designated persons responsible for both adults and children.

Judgment: Compliant

### Regulation 9: Residents' rights

It was apparent to the inspector that the residents preferences for their daily activities, recreation and personal care were respected within the respite centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



**Inspection ID: MON-0022678**

**Date of inspection: 14/10/2019**

### **Introduction and instruction**

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The 2020 Annual review of Mulcahy House respite service will reflect a more comprehensive analysis of the service. This will better support development and changes to practices where needed.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>From 1st December 2019 all service users/guardians will be required to sign a contract which will detail the services to be provided and the fees to be charged for service provision.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

management procedures:

A review of the front door has been carried out and in order to ensure the safety of the service users attending respite a key pad system will be installed on the front door with a pin code. A fob will be available for residents who wish to exit the front door independently. This system being installed on the front door will be linked into the fire alarm which will be released on the fire alarm being activated.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/01/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	01/12/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	30/11/2019

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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